

# NOXIOUS WEED INVENTORY FORM

## General Information

Site Name \_\_\_\_\_ Collection Date (YYYYMMDD) \_ \_ \_ \_ \_

Examiner Name: Last \_\_\_\_\_ First: \_\_\_\_\_

Country \_\_\_\_\_ State or Province: \_\_\_\_\_

County \_\_\_\_\_ National Ownership \_ \_ \_ \_ \_

Local Ownership \_ \_ \_ \_ \_ Source of Data \_\_\_\_\_

## Location Information

**UTM:**                      **UTM Datum Zone** \_\_\_\_                      **UTM Year** \_\_\_\_

**UTM Easting** \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_                      **UTM Northing** \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

Top row of numbers on unit, only 7 digits.                      Bottom row of numbers on unit.

## Plant Information

**GENUS** \_\_\_\_\_ **SPECIES** \_\_\_\_\_

**Common Name** \_\_\_\_\_

**PLANT CODE** \_ \_ \_ \_ \_

**Infested Area** \_\_\_\_\_ **Unit of Measure** \_\_\_\_\_  
 (Actual infested area of weeds.)

**Gross Area** \_\_\_\_\_ **Unit of Measure** \_\_\_\_\_

**Canopy Cover** (How dense are the weeds. Check the appropriate box)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 - 10%	11 - 20%	21 - 30%	31 - 40%	41 - 50%	51 - 60%	61 - 70%	71 - 80%	81 - 90%	91 - 100%

## COMMENTS

[illegible]